

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/720629

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2	1			
3	1			
4	1			
5	4			
6	4			
7	4			
8	1			
9	1			
10	1			
11	1			
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

IND. DEP. IND. DEP. IND. DEP.

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS